



# UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE

United States Patent and Trademark Office

Address: COMMISSIONER FOR PATENTS

P.O. Box 1450

Alexandria, Virginia 22313-1450

www.uspto.gov

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/733,345	12/12/2003	Gorsev Pristine	P1977US00	7456
<div>7590 10/13/2010</div> <div>PERRY + CURRIER INC 1300 YONGE STREET, SUITE 500 Toronto, ON M4T 1X3 CANADA</div>				
<div>EXAMINER</div> <div>ALTSCHUL, AMBER L</div>				
<div>ART UNIT</div> <div>3686</div>		<div>PAPER NUMBER</div>		
<div>MAIL DATE</div> <div>10/13/2010</div>		<div>DELIVERY MODE</div> <div>PAPER</div>		

**Please find below and/or attached an Office communication concerning this application or proceeding.**

The time period for reply, if any, is set in the attached communication.



UNITED STATES PATENT AND TRADEMARK OFFICE

Commissioner for Patents  
United States Patent and Trademark Office  
P.O. Box 1450  
Alexandria, VA 22313-1450  
[www.uspto.gov](http://www.uspto.gov)

**BEFORE THE BOARD OF PATENT APPEALS  
AND INTERFERENCES**

Application Number: 10/733,345  
Filing Date: December 12, 2003  
Appellant(s): PRISTINE, GORSEV

---

David J. Johnson  
For Appellant

**EXAMINER'S ANSWER**

This is in response to the appeal brief filed July 26, 2010 appealing from the Office action mailed January 21, 2010.

**(1) Real Party in Interest**

The examiner has no comment on the statement, or lack of statement, identifying by name the real party in interest in the brief.

**(2) Related Appeals and Interferences**

The examiner is not aware of any related appeals, interferences, or judicial proceedings which will directly affect or be directly affected by or have a bearing on the Board's decision in the pending appeal.

**(3) Status of Claims**

The following is a list of claims in the application that are pending, rejected, and appealed: Claims 1-18.

**(4) Status of Amendments After Final**

The examiner has no comment on the appellant's statement of the status of amendments after final rejection contained in the brief.

**(5) Summary of Claimed Subject Matter**

The examiner has no comment on the summary of claimed subject matter contained in the brief.

**(6) Grounds of Rejection to be Reviewed on Appeal**

The examiner has no comment on the appellant's statement of the grounds of rejection to be reviewed on appeal. Every ground of rejection set forth in the Office action from which the appeal is taken (as modified by any advisory actions) is being maintained by the examiner except for the grounds of rejection (if any) listed under the subheading "WITHDRAWN REJECTIONS." New grounds of rejection (if any) are provided under the subheading "NEW GROUNDS OF REJECTION."

**(7) Claims Appendix**

The examiner has no comment on the copy of the appealed claims contained in the Appendix to the appellant's brief.

**(8) Evidence Relied Upon**

6,151,581	KRAFTSON	11-2000
2002/0077865	SULLIVAN	6-2002

**(9) Grounds of Rejection**

The following ground(s) of rejection are applicable to the appealed claims:

***Claim Rejections - 35 USC § 103***

1. The following is a quotation of 35 U.S.C. 103(a) which forms the basis for all obviousness rejections set forth in this Office action:

(a) A patent may not be obtained though the invention is not identically disclosed or described as set forth in section 102 of this title, if the differences between the subject matter sought to be patented and the prior art are such that the subject matter as a whole would have been obvious at the time the invention was made to a person having ordinary skill in the art to which said subject matter pertains. Patentability shall not be negated by the manner in which the invention was made.

2. Claims 1-18 are rejected under 35 U.S.C. 103(a) as being unpatentable over United States Patent Application Publication Number US 2002/0077865, Sullivan, et al., hereinafter Sullivan, in view of United States Patent Number US 6,151,581, Kraftson, et al., hereinafter Kraftson.

3. (Previously Presented) Regarding claim 1, Sullivan teaches a computing device for location proximal to a waiting area of a hospital emergency room and for intake of a patient in said hospital emergency room comprising:

a touch-screen operable to receive input by allowing said patient to depress active portions along the surface of said touch-screen, said touch screen further operable to display information to said patient, (page 3, para. 66);

said computing device further comprising a set of headphones connected to said computing device for presenting audio output to said patient, (page 5, para. 85); and

wherein said computing device is configured to receive an identification of said patient and a preferred language of said patient, and further operable to present on said touch screen at

least one main question and a plurality of dependent questions presented based on a response to said main question and responses to previous dependent questions, said questions presented in said preferred language of said patient, said questions pertaining to an intake procedure of said patient to said hospital, said device further operable to receive responses to each of said of said questions by touch screen input from said patient, said device further operable to generate an intake report based on said responses in a preferred language of a hospital staff member responsible for further processing of said intake of said patient, (abstract, page 8, para. 125). Sullivan does not explicitly teach a plurality of dependent questions based on a response to said main question and responses to previous dependent questions. However, Kraftson teaches a plurality of dependent questions based on a response to said main question and responses to previous dependent questions, (column 6, lines 19-31). It would have been obvious to one of ordinary skill in the art to combine Sullivan and Kraftson. The motivation would have been to provide the most effective treatment for a disease or patient problem. (Kraftson, col. 1, lines 41-57).

4. (original) Regarding claim 2, Sullivan teaches the device of claim 1 as described above. Sullivan further teaches wherein said computing device is attachable to a printing device local to said computing device and wherein said report is generated at said printing device, (page 8, para. 125).

5. (original) Regarding claim 3, Sullivan teaches the device of claim 1 as described above. Sullivan further teaches wherein said computing device is connected to an intake server via a network, and wherein said report is delivered to said intake server, (page 4, para. 75).

6. (original) Regarding claim 4, Sullivan teaches the device of claims 1 and 3 as described above. Sullivan further teaches wherein said intake server is attachable to a printing device local to said intake server and wherein said report is generated at said printing device, (page 9, para. 134).
7. (original) Regarding claim 5, Sullivan teaches the device of claims 1 and 3 as described above. Sullivan further teaches wherein said intake server is connected to a plurality of treatment room client computing devices via said network, and wherein said treatment room clients include an output device, (page 7, para. 114).
8. (original) Regarding claim 6, Sullivan teaches the device of claim 1 as described above. Sullivan further teaches wherein said device is mounted within the housing of a Kiosk, (page 3, para. 66).
9. (original) Regarding claim 7, Sullivan teaches the device of claim 1 as described above. Sullivan further teaches wherein said device is a stand-alone personal computer, (page 4, para. 78).
10. (previously presented) Regarding claim 8, Sullivan teaches in a computing device for location proximal to a waiting area of a hospital emergency room comprising a touch-screen operable to receive input by allowing depression of active portions along the surface of said touch-screen, said touch screen further operable to display information, a method for intake of a patient in said hospital emergency room, (page 3, para. 66), comprising the steps of: receiving input from said touch screen representing a preferred language of said

patient, (abstract, page 8, para. 125);

receiving input from said touch screen representing an identification of said

patient, (abstract, page 8, para. 125);

presenting an intake question to said patient on said touch-screen, (pages 3-4, para. 67);

receiving response input from said touch screen representing a responses to said intake

questions, (pages 3-4, para. 67). Sullivan does not explicitly teach repeating said representing

and said receiving response input steps based on responses to previous intake questions.

However, Kraftson teaches repeating said representing and said receiving response input steps

based on responses to previous intake questions, (column 6, lines 19-31). It would have been

obvious to one of ordinary skill in the art to combine Sullivan and Kraftson. The motivation

would have been to provide the most effective treatment for a disease or patient problem.

(Kraftson, col. 1, lines 41-57);

repeating said presenting and said receiving response input steps based on responses to previous

intake questions until a desired number of intake question responses have been received, (pages

3-4, para. 67). Sullivan does not explicitly teach repeating said representing and said receiving

response input steps based on responses to previous intake questions. However, Kraftson teaches

repeating said representing and said receiving response input steps based on responses to

previous intake questions, (column 6, lines 19-31). It would have been obvious to one of

ordinary skill in the art to combine Sullivan and Kraftson. The motivation would have been to

provide the most effective treatment for a disease or patient problem. (Kraftson, col. 1, lines 41-

57); and



generating an intake report in a preferred language of a hospital staff member responsible for further intake of said patient, (abstract, page 8, para. 125).

11. (original) Regarding claim 9, Sullivan teaches the method of claim 8 as described above. Sullivan further teaches wherein said computing device is attachable to a printing device local to said computing device and wherein said report is generated at said printing device, (page 9, para. 134).

12. (original) Regarding claim 10, Sullivan teaches the method of claim 8 as described above. Sullivan further teaches wherein said computing device is connected to an intake server via a network, and wherein said report is delivered to said intake server, (page 4, para. 75).

13. (original) Regarding claim 11, Sullivan teaches the method of claims 8 and 10 as described above. Sullivan further teaches wherein said intake server is attachable to a printing device local to said intake server and wherein said report is generated at said printing device, (page 9, para. 134).

14. (currently amended) Regarding claim 12, Sullivan teaches the method of claims 8 and 10 as described above. Sullivan further teaches wherein said intake server is connected to a plurality of treatment room client computing devices via said network, and wherein said treatment room clients include an output device, said intake server operable to determine an available one of said treatment rooms and to direct said report to said treatment room client computing device respective to said available one, (page 7, para. 114).

15. (original) Regarding claim 13, Sullivan teaches the method of claim 8 as described above. Sullivan further teaches wherein said computing device is mounted within the housing of a kiosk, (page 3, para. 66).

16. (original) Regarding claim 14, Sullivan teaches the method of claim 8 as described above. Sullivan further teaches wherein said computing device is a stand-alone personal computer, (page 4, para. 78).

17. (previously presented) Regarding claim 15, Sullivan teaches a computer readable media for storing programming instructions for use with a computing device for location proximal to a waiting area of a hospital emergency room comprising a touch-screen operable to receive input by allowing depression of active portions along the surface of said touch-screen, said touch screen further operable to display information, and a method for intake of a patient in said hospital emergency room, (page 3, para. 66), comprising the steps of:

receiving input from said touch screen representing a preferred language of said patient, (abstract, page 8, para. 125);

receiving input from said touch screen representing an identification of said patient, (abstract, page 8, para. 125);

presenting an intake question to said patient on said touch-screen, (pages 3-4, para. 67);

receiving response input from said touch screen representing a responses to said intake questions, (pages 3-4, para. 67);

repeating said presenting and said receiving response input steps based on responses to previous

intake questions until a desired number of intake question responses have been received, (pages 3-4, para. 67); and

generating an intake report in a preferred language of a hospital staff member responsible for further intake of said patient, (abstract, page 8, para. 125).

Claim 15 is rejected for the same reasons as set forth in claims 1 and 8 above.

18. (previously presented) Regarding claim 16, Sullivan teaches a system for intake of a patient in said hospital emergency room comprising at least one computing device associated with a waiting area of a hospital emergency room, (page 7, para. 114), and a comprising:

a touch-screen operable to receive input by allowing said patient to depress active portions along the surface of said touch-screen, said touch screen further operable to display information to said patient, (page 3, para. 66);

said computing device further comprising a set of headphones connected to said computing device for presenting audio output to said patient, (page 5, para. 85);

and wherein said computing device is configured to receive an identification of said patient and a preferred language of said patient, and further operable to present on said touch screen at least one main question and a plurality of dependent questions presented based on a response to said main question and responses to previous dependent questions, said questions presented in said preferred language of said patient, said questions pertaining to an intake procedure of said patient to said hospital, said computing device further operable to receive responses to each of said questions by touch screen input from said patient, said computing device further operable to generate an intake report based on said responses in a preferred

language of a hospital staff member responsible for further processing of said intake of said patient, (abstract, page 8, para. 125);

said system further comprising an intake server for connection to said computing devices and for receiving intake reports generated thereby, (page 4, para. 75);

said system further comprising a plurality of treatment room clients connected to said intake server, said treatment room clients including an output device operable to present said intake reports, (page 4, para. 75 and page 8, para. 125);

said server operable to direct said intake reports to an appropriate one of said treatment room clients according to a prioritization criteria, (page 7, para. 117).

19. (original) Regarding claim 17, Sullivan system the method of claim 16 as described above. Sullivan further teaches wherein said device is a kiosk located in said waiting room, (page 3, para. 66).

20. (original) Regarding claim 18, Sullivan system the method of claim 16 as described above. Sullivan further teaches wherein said device is a wireless portable computing device operable to connect with said server via a wireless network such that a patient en route to said hospital can complete at least some of said questions prior to arrival at said hospital, (page 4, paragraphs 72 and 75).

**(10) Response to Argument**

In the appeal brief filed July 26, 2010 Appellant makes the following arguments:

(A) Appellant argues that Sullivan et al., and/or Kraftson, taken singly or in combination, do not teach or suggest the limitation of “...further operable to present on said touch screen at least one main question and a plurality of dependent questions presented based on a response to main question and responses to previous dependent questions...”.

In response, the Examiner respectfully disagrees. It is readily apparent that Sullivan in combination with Kraftson discloses “further operable to present on said touch screen at least one main question and a plurality of dependent questions presented based on a response to main question and responses to previous dependent questions”, (See Kraftson, column 22, lines 42-58). Thus, the Examiner respectfully contends that Kraftson’s system that determines a survey question to ask based on a yes/no response is an art recognized equivalent to applicant’s said computing device for receiving patient information and responses.

(B) Appellant argues that Sullivan et al., and/or Kraftson, taken singly or in combination, do not teach or suggest the limitation of “said device further operable to generate an intake report based on said responses in a preferred language of a hospital staff member responsible for further processing of said intake of said patient”.

In response, the Examiner respectfully disagrees. It is readily apparent that Sullivan teaches said device further operable to generate an intake report based on said responses in a preferred language of a hospital staff member responsible for further processing of said intake of said patient, (See Sullivan, abstract, paragraphs 125 and 132-134). Thus, the Examiner

respectfully contends that Sullivan's templates containing fields into which data may be entered is an art recognized equivalent to applicant's preferred intake reports.

(C) In response to appellant's argument that there is no teaching, suggestion, or motivation to combine the references, the examiner recognizes that obviousness may be established by combining or modifying the teachings of the prior art to produce the claimed invention where there is some teaching, suggestion, or motivation to do so found either in the references themselves or in the knowledge generally available to one of ordinary skill in the art. See *In re Fine*, 837 F.2d 1071, 5 USPQ2d 1596 (Fed. Cir. 1988), *In re Jones*, 958 F.2d 347, 21 USPQ2d 1941 (Fed. Cir. 1992), and *KSR International Co. v. Teleflex, Inc.*, 550 U.S. 398, 82 USPQ2d 1385 (2007). In this case, it would have been obvious to one of ordinary skill in the art to combine Sullivan and Kraftson. The motivation would have been to provide the most effective treatment for a disease or patient problem. (Kraftson, col. 1, lines 41-57).

(D) Appellant argues that Claims 8, 15, and 16 are patentable because they contain similar elements to those of claim 1 and that all remaining claims that are dependent from Appellant's independent claim 1 are patentable and requests that the rejection of these claims be withdrawn. Examiner respectfully disagrees and reiterates the rejections of claim 2-18 as noted by the citations above. As such, Appellant's remarks with regard to the application of Sullivan in combination with Kraftson to these claims are moot in the above Office Action.

**(11) Related Proceeding(s) Appendix**

No decision rendered by a court or the Board is identified by the examiner in the Related Appeals and Interferences section of this examiner's answer.

For the above reasons, it is believed that the rejections should be sustained.

Respectfully submitted,

/Amber L. Altschul/  
Examiner, Art Unit 3686  
Amber L. Altschul

/Gerald J. O'Connor/  
Supervisory Patent Examiner  
Group Art Unit 3686

Conferees:

Gerald J. O'Connor /GJOC/  
Supervisory Patent Examiner  
Group Art Unit 3686

Vincent Millin/vm/

Appeals Conference Specialist